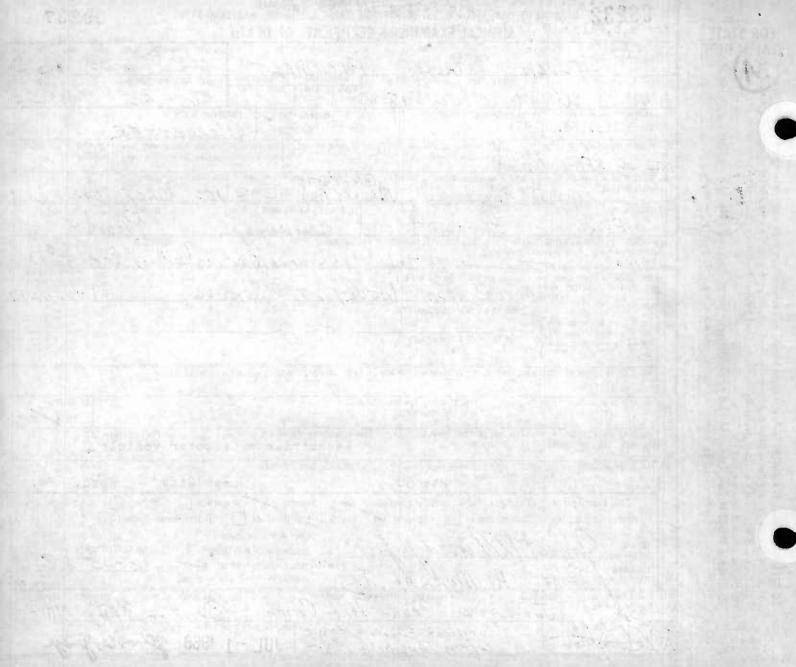
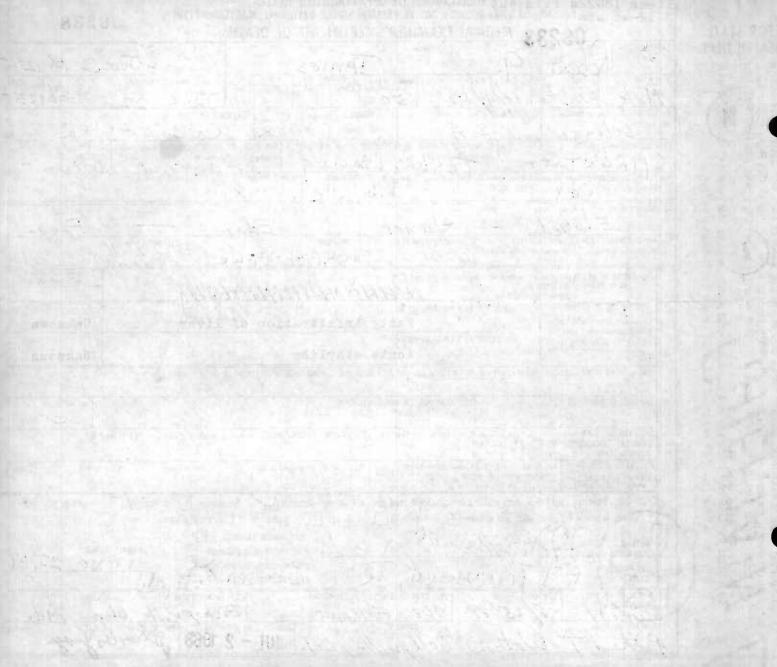
1	Ite	ems 18,20,22a film MARYLAND STATE DEPARTMENT OF HEALTH 01 6-27-6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		09231 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	238
HEALTH DEPT.		DECEASED-NAME (Patrick) Middle Lost 20. DATE KNOWN Month Doy	y Yeor 2b. HOUR 7 8
delay and 3 t	3. \$		Year 19 68 A N
Po Po		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Worcester	M
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4 5 0 0 0	14. 1	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle ROSE PAPA	Lost
vithin sencil amine e pag 2 hau		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wat or dotes of service) 217-20-4/146 MIKE BRUNO 1240 DEANGE	soo RD.
executed w inding" in p Medical Ex permit. Fil nt within 7		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PENGLY ANY Opsycoronary occlusion, acute	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
be executed "pending" in iief Medical E insit permit. F event within		4/09 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Pulmonary Edema	- n
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s a cond	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
If be a be	MEDICAL CERT	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1 P.M. 19	(B.)
EXAMINER: ute the cert age 4 should your files. Page 3 should, cremation, cremation.	MED		ounty State
ITY DICALE, y, please execu eral director. Pag be retained for y RAL DIRECTOR: P		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE , ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE EXAMINER'S BORRY TO SCHOOL ACTUAL EXAMINER DEPUTY MEDICAL EXAMINER 22b. DATE SIGNATURE DEPUTY MEDICAL EXAMINER 22c. DATE SIGNATURE EXAMINER'S BORRY TO SCHOOL ACTUAL EXAMINER 22c. DATE SIGNATURE DEPUTY MEDICAL EXAMINER 22c. DATE SIGNATURE EXAMINER'S BORRY TO SCHOOL ACTUAL EXAMINER EXAMINER EXAMINER'S BORRY TO SCHOOL ACTUAL EXAMINER EXAMINER	NED
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0 . 5	US232 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	997
FOR STATE	Item7a, b, FilmG403 7/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	201
HEAVIN DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Dov	Yeor 2b. HOUR
7 7 5	(Type or Print) STEVEN PAUL FROMMELT DEATH MATED 6-25	1945 340 M
The second	3. SEX 4 RACE S DATE OF RIRTH 6. AGE 10 MORS 1 VEAR 11 UNDER 1 YEAR 11 UNDER 24 HRS 20 DATE PRONUNCED DEAD	2d. HOUR
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	(Yes, no, or unknown) (If yes give wor or dates of service) 217-52-3861 /4/3. Charmeine Kilbertrick (mother) Same	A5 13
ecuted wii ing" in pe dical Exar ermit. File within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPRÖXIMATE INTERVAL FWEEN ONSET AND DEATH
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ex director. estoined to burector r to burec	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
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Y, y, strol	SIGNATURE ACTIVITY OF A SISTANT MEDICAL EXAMINER 225. DATE SIGNED	10
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necessary, the funerol dispersion of Funerol dispersion of Funeral	THE THINKS IT THOUGHT, J.C.	150
- OR	230. BURIAL, CREMATION, REMOVAL (Specify) June 29, 1987 CEDAY HILL COMP. 23d. LOCATION (City or Town) (County)	Md.—
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9238
HEALTH DEPT.		DECEASED-NAME Lost 2a. DATE KNOWN Manth OF ESTI-	100
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hours after death them 18. Give Pog Office along with 10nd 2 with the State offer death.		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY	A CTARPAGE
hours Item Office I ond 2	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
	1/	Edward - James Edna -	Figgs
pencing xacingers rile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17, INFORMANT 23-1P-53/4 HER FES 9=FICE (Edge Hall	11e Dela)
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (3). PART 1. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending! is of Medical nsit permit.		IMMEDIATE CAUSE (a)	
d be executed. Chief Medical fronsit permit. F		Oute To, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) Fatty infiltration of liver	Unknown
		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	0 222220 1122
s shoul he wor ta the buriol- d in on	1	last. (c) Acute ethylism	Unknown
ficote ing th ded 1 as o as o I, ond	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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王曰 云、	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	11. 12.)
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L EXA cecute Page far you R: Pag ial, cre		220. I certify that I took charge af the remains described above, held on Autopsy Inspection . Inquiry	, and in my opinion
se executor. Pared far ECTOR: Burrial,	100	death resulted fram: Notural couses 🗷 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner [_ ′ ′
TY DIC.		ACTUAL CHIEF MEDICAL EXAMINER	
ury, lerd, be respectively.		SIGNATURE	IGNED 12.68
TO DEPUTY SICAL EXAM necessary, pleose execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	5	EXAMINER'S NAME (Type) FI TOWNSEND ADDRESS STREET ON YOUR OF COUNTY MADE	146
10 To He	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (Stote)
A	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250.	dr. Md.
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to	1		DIVISION	OF VITA	MAKTLAND AL RECORDS, 30					MARYLA	AND 212	01		0.0 -	
FOR STATE		0923	4		DICAL EXA								7.3	239	
HEALTH PEPT.	1. 0	ECEASED-NAME Type or Print)	First			ddle	JUL	Lost			20. DATE K OF DEATH A	ECTI	Month D	oy Yeor 27 1968	2b. HOUR 2am
deloy and 3 and 3 the transfer the safe	3. S	_{EX}	4. RACE White		OF BIRTH 20-1922	6. AGE (In year lost hurthday)		DAYS	IF UNDER 24	MIN.		ONOUNCED D	DEAD	Vane	2d. HOUR 9a M
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s after 18. Giv along 2 with t deoth.	130.		CE (Where decease	ed lived, if	institution: Residen	ce before 13c. C	omoke	1.	YES NO	MITS?	13e. STREET	AND NUMBE	R		<i></i>
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within 24 pencil in Examiner's File poges 72 hours	160.	WAS DECEASED EV	(If yes give v	ORCES? var or dates of s	ervice) 16b. SOCIAL S unl		17. INFORM	7	ul T	agg	art,	ADDRESS Wiln	ningt	on, De	el.
ecuted ing" in edicol E ermit. F		18. CAUSE OF PART I. D	EATH WAS CAUSED	y one couse BY: TE CAUSE (o	per line for (o), (b) Acut	e myo	ardia	al iı	nfar	cti	on			APPROXIMATE BETWEEN ONSET Minut	INTERVAL AND DEATH
ould be exvord "pend ne Chief Me al-transit pr		rise to immed	iny, which gove intercouse (a),	(b	/	nary A	rter	y Di	seas	e				Year	3
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₹ 4 = ° =	ME	21d. INJURY OC		LACE OF IN. tory, office	JURY (At home, form building, etc.)	, street,	21f. LOCATIO	ON Street or	R.F.D. No.		City or	Town		County	Stote
pleose execu I director. Pog retoined for L DIRECTOR: Pior to burial,			certify that I to sulted fram:		e af the remains causes 3,		Suicide	CHIEF	sy, Homicide MEDICAL E TANT MEDIC	EXAMINER		rmined m		and in m	y apinion
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0 g # 2 0 #		BURIAL, CREMA	15.3	DATE - 1 - 1 9		ly Nan		Jest		Po	ocomo		Wor	Md	lote)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19240 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN (Type or Print) 68 is of DEATH MATED () delay Pac IF UNDER 24 HRS. 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD S. DATE OF the State Departmen PM3. PRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm DIVORCED [Pages death 12o. USUAL OCCUPATION (Kind of work done TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital KIND OF BUSINESS OR during most of working life, even if retired.) after death. 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE YES Y haurs ofter 1 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle gu 24 pencil in haurs the Chief Medical Examiner's pages 16g. WAS DECEASED EVER 17. INFORMANT Yes, no, or unknown File within APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (o), (b) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) DUE TO, OR AS A_CONSEQUENCE OF burial-transit OCECOSIS WITH HNGINA Conditions, if any, which gove rise to immediate cause (o). any writing the word shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= forwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS remayal CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [pe shauld be 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, County City or Town Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE I AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion deoth resulted from: Noturol couses Suicide Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** Health NAME (Type) 0 23o. BURIAL, CREMATION 23b. DAJE 23d. LOCATION (City or (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH

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physician en please oval, and i			ar or dates of service)		TP C 07 1	W	a sub T	Address		RFD
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at the death cer the attending p nsit permit. The mation, ar remo		PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (a)	cert	· ne	yo	- 6	ساما		
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equires that the death certificate be exerphysician. signed by the attending physician and coburial-transit permit. Then please remoburial, cremation, ar removal, and in any		stoting the underlying couse lost.	(c)	we the le	etos	5				
equir phys signe buric buric	10	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL D	DISEASE OR COND	ITION GIVEN	IN PART 1(o)	-	
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AN: Tall ar all ar icate licate lifar us		210. ACCIDENT WAS UNDERLYIN			HOW INJURY OCCUR		ture of injur	y in Port 1 or Port 2,	Item 18.)	
SICIA spita ertific ed fo	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	20 19 68	Spille			e on ches		
DING PHYSIC by the haspin (fer this certi be detached State Dept. af	2	While Not while		RM, STREET, FACTORY.) 21f. DING, ETC.	LOCATION Street of	or R.F.D. No.	City	or Town	County	Stote
NG y thi her the e de rate		22a. I certify that (I) (thi	is haspital) attended the	e-deceased from	1-1		ta_	3-29,19	6 S, that	(1) (we) last
ATTENDI etained b CTOR: Aff shauld b		saw the deceased a	(1) (we) (did) (did nat)	view the bady afte	nd that in (my) r death.	(aur) apinia	n death a	ccurred an the do	te and haur o	ind fram the
R ATI retail RECTO 3 sha with		22b. SIGNATURED DA	25/	1 1-1	ATTENDING	MED.		STAFF -	DATE SIGNED	
V be y be age filled		22d. PHYSICIAN'S	To lo ke	C) I	GREE PHYS. 22e. ADDRE		TOR L	PHYS.		
Page 4 may be retained by the haspital ar attending physician. Page 3 have be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Should be state Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 has a should be stated by the attendation, ar removal, and in any event, within 72 has a should be tilled with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 has a should be tilled with the State Dept.		NAME (Type) (C) K	ofort F	JC. 40/	MID	134	27	1517)	100	
Adirect Property	230.	BURIAL, CREMATION, 23b. I		NAME OF CEMETERY (R CREMATORY	2	_	N (City or Town)	(County)	(Stote)
	24.	FUNERAL DIRECTOR	6/00	ADDRESS (1 00 2	So. REC'D BY R	EGISTRAR	L2Sb. REGISTEAR'S	SIGNATURE	1.00
VR A15 (4) 30M REV. 1/68		Teler //h	alry fe	llywell	e sel,	DATE JUL -	- 2 18	oo fore	res jus	7

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1,243 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Jumb Lena Mozzell Sturgis hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after last himbday) 1875 Female White June 14. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland carban papers. U.S.A. Worcester WIDOWED DIVORCED [campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Stockton Nursing Home burial, crematian, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE
Maryland 13b. COUNTY Stockton orcester 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Tull Betty White John physician 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, orunknown) 220-52-8072 Alvin T. Sturgis, Stockton. Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave) 16 SCLEROTIC burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ARTURIO SE LIROSIS O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20g. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22d. PHYSICIAN'S Bay Street, Snow Hill, Md. Robert C. Ma Mar, M. D. 23c. NAME OF CEMETERY OF CHARLES 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) 7-2-1968 Salem Methodist Pocomoke - Wor. - Md. 25a. REC'D BY REGISTRAR
DAFUL - 5 1968 Pocomoke City, Md. DAHUL 30M REV. 1/68

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